REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH
TOBACCO CONTROL PROGRAM

COMPREHENSIVE TOBACCO CONTROL INITIATIVES

SECTION 1: INTRODUCTION

The Rhode Island Department of Health (HEALTH), Division of Community Health and Equity, Tobacco Control Program, is soliciting proposals from community-based, public or non-profit organizations to implement Phase Two Comprehensive Tobacco Control (CTC) initiatives in communities in Rhode Island, as described below. Funding for this project is available through an appropriation from the Rhode Island General Assembly and is contingent upon funding. The initial project period is expected to begin approximately October 1, 2006 and continue through June 30, 2007. A total of approximately $180,000 is available to fund up to three (3) selected projects for up to $60,000 each. Based on agency performance and availability of funds, the project may be renewed for up to four (4) additional twelve-month periods for up to $60,000 each, at the exclusive option of the state. Proposals will be evaluated based on the relative merits of the proposal and an appropriate, realistic budget. A ten percent (10%) verifiable match will be required by the funded agency for each year of funding.

SECTION 2 - BACKGROUND AND PURPOSE

BACKGROUND:

Current smoking rates in Rhode Island have decreased to 19.8% adults, the first significant decreases occurring in 2004 and 2005 after years of limited movement up and down during the 1990s. Now that Rhode Island is smokefree, there is a need to identify new approaches to stimulate the rate of adult quitting. The Rhode Island rates of adult smoking between 1990 and 2000 declined from 26% to 19.8%. The rates of youth smoking have dropped from 35% in 1997 to 25% in 2001, to 19.3% in 2003 and to 15.9% in 2005. Therefore, preventing a reversal and continuing the decline is essential to successfully eliminating the disparate health impacts of the epidemic of tobacco.

In Rhode Island, the Tobacco Control Program in the Division of Community Health and Equity at the Rhode Island Department of Health (HEALTH) is the governmental organization responsible for addressing smoking as a major public health problem. The Tobacco Control Program has four major goals, which were developed by a statewide Coalition:

1. Preventing the initiation of tobacco use among young people

2. Promoting quitting among young people and adults

3. Eliminating nonsmokers' exposure to environmental tobacco smoke (ETS)

4. Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

All the tobacco control activities contribute to reaching the goals of Healthy People 2010, although since we have met the Healthy People 2010 goal for youth smoking of 16%, we are now aiming for a new goal below that amount.

The Tobacco Control Program addresses these goals through multiple activities at both State and community levels. At the State level, the Department of Health conducts adult cessation programs in schools and worksites; conducts comprehensive community projects; disseminates educational materials throughout the state; provides a resource library; and conducts media campaigns annually, as well as other media advocacy. The Campaign for a Healthy Rhode Island, a statewide coalition, participates in strategic planning for tobacco control, and carries out activities through committees.

SECTION 3: ELIGIBILITY CRITERIA

Eligible applicants must be community-based, public or non-profit agencies who are in good standing with the federal government. HEALTH's Tobacco Control Staff will provide all administrative and other support services to each agency that is awarded a contract resulting from this solicitation. These services include, but are not limited to, training, and technical and support services. The applicant organization must have in place a smoke free workplace policy. Applicants must be able to demonstrate the stability of their organization as well as effective management and administrative performance. HEALTH does not encourage applicants to include the provision of support services (as described above) as part of their work plan in this application, and doing so may result in a loss of points in the evaluation process.

SECTION 4: ADMINISTRATIVE INFORMATION:

PROJECTED TIMETABLE:

August 10th, 2006	A technical assistance workshop will be held on in the Health Policy Forum room in the lower level of the Cannon building at 9.00 AM
August 28th, 2006	Proposals due at HEALTH by 4:00 pm
October 1, 2006	Approximate Start Date of Contract

SUBMISSION PROCEDURES:

The deadline for submission of proposals is 4:00 PM on 28th August, 2006. No applications will be accepted after this date and time. Proposals sent by mail are sent at your own risk. Applicants are urged to hand-deliver their proposals, which will be date-stamped upon receipt. Faxed applications will not be accepted.

All proposals must be typed in English and single-spaced. The Proposal Narrative is limited to (6) six pages (this excludes budget and appendices). One original and seven copies must be delivered to:

Elizabeth F. Harvey
Project Manager
Rhode Island Department of Health
3 Capitol Hill, Room 408
Providence, RI 02908-5097

SELECTION PROCESS:

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies that have experience working with community-based programs. Proposals will be reviewed and scored based upon the Proposal Evaluation Score Sheet (attached). The maximum possible score is 100 points and applications scoring below 60 points in the technical review will not be considered. The Department of Health reserves the right not to fund any proposal(s).

Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in their proposal.

GENERAL PURPOSE:

This particular RFP is focused on the development and implementation of Phase Two of Comprehensive Tobacco Control (CTC) initiatives in Rhode Island. Comprehensive Tobacco Control (CTC) initiatives are multi-component interventions designed to produce both systems and personal change within a community. Agreement has been growing among health promotion researchers and practitioners that strategies that produce systems change (e.g. changes in the community environment) have direct impacts on individuals, and also support and reinforce the personal changes produced by programs. Comprehensive Tobacco Control Initiatives strive to "change the way that tobacco is promoted, sold and used while changing the knowledge, attitudes and practices of young people, tobacco users and nonusers." The mutual influence of personal and system change was expressed well in an article discussing policy as intervention in the area of cardiovascular disease, but it applies equally well to tobacco control:

> "It is unreasonable to expect large proportions of the population to make individual behavior changes that are discouraged by the environment and existing social norms. It is equally unrealistic to expect communities or organizations to enact policy changes for which there is no broad-based understanding and support. To be effective, a public health approach to…prevention must incorporate environmental and policy measures as well as education and skill development…"

Phase Two of the Comprehensive Tobacco Control Initiative will encompass and expand upon the original Comprehensive Tobacco Control Initiative by focusing on curbing access to tobacco products, engaging community support to reduce the availability of tobacco products to youth, to

reduce tobacco company promotions that negate the health effects of the cigarette excise tax, and to seek a voluntary reduction in advertising of tobacco products within 500 feet of schools and playgrounds. It will focus on mapping tobacco at the community level—its sale, advertising and promotions, and tobacco industry targeting of certain groups.

1. A Community Mobilization strategy promotes systemic change by increasing the number and type of organizations and individuals involved in tobacco control to collaboratively plan and implement activities across different agencies and community sectors.
2. An education and awareness strategy alters the social environment and de-normalizes tobacco use by reducing youth access to tobacco, publicizing existing regulations, and reducing exposure to Environmental Tobacco Smoke (ETS).
3. A Counter-marketing strategy promotes public awareness about health hazards related to tobacco use, combats tobacco industry promotion of use and promotes cessation attempts.
4. A Program strategy promotes personal change through school curricula to prevent initiation among youth and through an array of cessation programs mounted in community organizations.

Comprehensive Tobacco Control (CTC) Initiatives combine the 4 strategies systematically through planning, linking and sequencing to have a greater impact than any one of the individual strategies used alone.

Applicants must have the following capabilities:

- Technical (computer and electronic communication) capacity. It is essential that the vendor have direct access to the Internet. Project staff must have e-mail capability.

- Appropriate Staff with documented credentials and experience to implement the program. The applicant will be expected to examine what job skills the selected programs require and ensure that staff have needed skills. **At least one full-time staff person is required to be in place within one month of start-up.**

- Ability to reach the population. Evidence of experience of the applicant with the population (e.g. prior projects) and that the CBO has a competent staff to serve this population.

- Evidence that this organization has the capacity to mount a Comprehensive Tobacco Control Initiative. Provide a description of partner organizations or groups and past working relationships. Describe how such development will be possible.

- Written agreement to participate in all trainings required by the Rhode Island Department of Health. Multiple training events will be held throughout the project period with initial workshops in community mapping, Best Practices in tobacco control, and training events to be conducted at the beginning of the project as soon as staff are in place.

- Written agreement to participate in all aspects of the evaluation as specified by the Rhode Island Department of Health.

SECTION 5 - SCOPE OF SERVICES

The goal of a Phase Two Comprehensive Tobacco Control (CTC) Initiative is to improve the heath status of the community it serves. Sites will organize their activities to change the community environment as well as individual attitudes and behaviors regarding tobacco use. In other words, sites will be expected to conduct both a program strategy and a policy strategy.

Sites will mobilize grassroots participation, and inter-sector collaboration into an organized array of forces ready for action on tobacco control. Sites will educate and involve community members about tobacco control policy and will provide opportunities for individuals and groups to take action to improve the health of the community. Sites are expected to be inclusive and reflect the diverse makeup of the community (i.e., race, ethnicity, age, gender, sexual orientation, religion, and income).

CTCs will organize their activities around the following general strategies:

1. **Community Mobilization Strategy (promoting system change)**
   The primary role of the Phase Two CTC will be to increase broad-based support for tobacco control at the community level. This is done by increasing the number and type of organizations and individuals involved in tobacco control (e.g., health care and human services providers, schools, local government including fire and police departments, businesses, religious groups, civic organizations, social clubs, and others). These organizations and individuals are mobilized and coordinated to assess and plan for the enhancement and passage of local tobacco control policies, as well as to increase the number of evidence-based programs being offered to individuals in the community.

   Specific activities will include:
   - Recruiting residents, health professionals, business owners, school officials, fire and police departments and key community leaders to participate in Phase Two CTC, thereby increasing both the numbers and kinds of organizations and individuals engaged in tobacco control.
   - Building capacity for tobacco control in the community by participating in HEALTH training events, attending at least one national conference specified by HEALTH, and by working with staff at HEALTH to assess knowledge and skill levels and systematically plan for capacity building.
   - Creating a map of the community (or geographic area) outlining assets and deficits and the occurrence and role of tobacco in the community using a process provided by the Tobacco Control Program.
   - Recruiting advocates to participate in specific policy initiatives and facilitating a call to action whenever policy activity is necessary.
   - Coordinating with statewide tobacco control activities by regular use of a website and list-serve established by the University of Rhode Island Tobacco Control Enhancement

Project, and by participating in monthly mandatory Department of Health Tobacco Control Program Partner meetings.

- Conducting surveys, focus groups and key informant interviews in consultation with the HEALTH staff to plan strategies that keep in step with public opinion on local tobacco control initiatives.

2. Education & Awareness Strategy (promoting system change)

A Phase Two CTC will alter the community's social environment by denormalizing tobacco use in community settings. Phase Two CTCs will reduce availability of tobacco products to youth by promoting "limiting access" to tobacco products. Phase Two CTCs will develop systematic strategies to restrict tobacco use and exposure of non-smokers to ETS in homes and cars. Media advocacy will be used to support these policy changes and raise awareness, to educate key decision-makers and opinion leaders, to meet with the opposition, and to generate broad citizen involvement.

Recommended Activities include:

- Strengthening / enforcing school tobacco policies
- Enforcing restrictions on exposure to secondhand smoke in public places and workplaces
- Increasing tobacco costs
- Decreasing youth access to tobacco products through enforcement and product placement
- Mapping existing tobacco vendor licenses and raising public awareness of the over-availability of tobacco products in specific neighborhoods or streets.
- Increasing municipal control of the location, number, and density of retail outlets
- Educating key leader about prohibiting tobacco promotions like "Buy One Get One Free" that undermine the health effects of cigarette excise tax increases
- Educating key leaders in State tobacco control policy change
- Providing encouragement and recognition to businesses that are in compliance with regulations.

3. Counter-Marketing / Media Strategy (promoting personal change)

Phase Two CTCs will work to change social norms that support tobacco use by mounting public education initiatives that raise public awareness about the health hazards related to tobacco use and by using counter-marketing campaigns to combat tobacco industry strategies for promoting use.

- Developing and distributing fact sheets for the community, ensuring that such materials are culturally and linguistically appropriate.
- Raising parental concern about tobacco sales to youth, exposure to environmental tobacco smoke and industry advertising tactics, and providing opportunities for parents to take action.
- Conducting press outreach for local events (e.g., press releases, press conferences, and letters to the editor), to generate citizen involvement.
- Developing media advocacy / social marketing plans that strategically use mass media to generate community support for smoke-free norms and increase demand for policy change.

- Developing a counter-advertising campaign for target populations (e.g., gay, lesbian, minority youth, college women, etc.), exposing tobacco industry targeting of certain groups (minorities, LGBTs, etc.) with advertising and promotions especially compared with higher income, white geographic areas and other industry practices and political lobbying.
- Coordinating media to increase the demand for tobacco treatment services.

4. Program Strategy (promoting personal change)

A Phase Two CTC will ensure that a community has a full array of programs to prevent the initiation of smoking among youth, and cessation programs to assist youth and adults to quit tobacco use. The Phase Two CTC will, with the support of the HEALTH Tobacco Control Program, promote evidence-based programs with demonstrated impacts among local service providers where these are a good fit with local conditions. The Phase Two CTC will also expand the reach of programs through media activities and promote the capacity of programs to deliver tobacco treatment services in underserved areas, ensuring that linguistic minorities have access to these services.

Recommended activities include:

- Promoting the latest generation of prevention curricula for youth in school and arranging for attendance at training in such programs for school personnel
- Determining the needs of difficult to reach populations and removing barriers to tobacco treatment services (e.g., arrange for transportation and / or child care)
- Recruit participants in worksites, schools, and community organizations to be trained to provide cessation in their setting.
- Increasing access to tobacco treatment programs

Target Population

Populations that experience tobacco-related disparities include: those living in up to 200% of poverty, uninsured, mentally ill, low education level, African American, Native American, pregnant women, unemployed, and 18-24 year olds. Define the geographic area served and/or the demographics of the groups served or both including racial/ethnic minorities. Please indicate how you will deliver culturally and linguistically appropriate services to racial and ethnic minority populations. Please include information pertaining to the following: the projected number of racial ethnic minority and disparately affected clients to be reached by the project, demonstrate the agency's access and/or proposed outreach to the population described above; and provide a description of how racial and ethnic composition of the target population will be given consideration in the selection and recruitment of administrative and service delivery staff. If these groups are not identified as a target population for service delivery by your program, please provide a paragraph explaining the reasons why these populations are not an appropriate target group for your program.

SECTION 6: REQUESTED COMPONENTS OF THE PROPOSAL

1. **COVER PAGE**: The purpose of this page is to provide very basic summary and identification regarding the proposal. Please use attached form.

2. **COVER LETTER**: Applicant must submit a cover letter from its Board of Directors and indicate the name of the agency's designated contact person and/or the name of the person who is authorized to sign the contract. Please include the agency's FEIN number.

3. **APPLICANT DESCRIPTION**: The Applicant Description should provide a detailed description of the organization/agency including, but not limited to, the following information:
    - Type of organization
    - Population served
    - Proof of non-profit status (501 (c) (3)); attach as an appendix
    - Structure and organization of agency including the ethnicity of current staff and Board of Directors

4. **PROPOSAL NARRATIVE:** The narrative must include:

    a) Goals and Objectives: List measurable goals and objectives of your proposal using the Scope of Work discussed in this documentation as a guide.

    b) Background. Describe prior experience that demonstrates the agency's ability to work with the target population to provide the services described in the Scope of Work.

    c) Describe an Approach/Project Work Plan/Time Line that is clear and detailed and meets the needs of the target population. Clearly demonstrate when and how each task in the work plan will be carried out, and methods to assure participation of all players.

    d) Evaluation Plan. Outline a process and outcome evaluation plan and describe how objectives will be accomplished. Identify tools applicable to the project whenever possible.

    e) Project Staff & Organization. Staff proposed for the program must be capable. Resumes, job descriptions, and organizational charts for staff and Board of Director's members should be included in the appendices, with race/ethnicity identified for each. Indicate percentage of time each staff member will devote to the project.

SECTION 7: REPORTING REQUIREMENTS

Successful applicants will be required to submit monthly activity reports and invoices by the tenth of each month following the delivery of services and accompanied by appropriate documentation to monthly reporting requirements, a six-month report, and a final project report including a description of program activities and results of policy interventions will be due within 30 days of the completion of the project.

SECTION 8: BUDGET AND BUDGET NARRATIVE

1. Project Budget (Year 1) – submit a budget for a 12-month period
2. Budget Narrative: detailed description of each expense category listed

This component consists of two parts: a financial budget summary that lists allowable expenses and a budget narrative that is a description of each budget line item entry. The budget narrative must include the personnel hourly wage and percentage of time each staff member will devote to the project. **Please show a 10% verifiable match (required contribution) by your agency.** The budget must include $1,500 for out-of-state travel to attend a national tobacco conference. Please submit an appropriate, realistic budget for a 12-month period that is sufficient to accomplish the project goals. The contract award will be prorated, if necessary, in accordance with the actual start date of the contract.

Applicants will be scored according to the overall soundness of the proposed budget and accompanying budget narrative, including the extent to which costs reflect direct services vs. administrative costs. Those projects ranked highest by the Technical Review Committee may be asked to make oral presentations or provide clarifications or revisions prior to final recommendation for award.

SECTION 9: ATTACHMENTS

A. Letters of support/collaboration
B. Curriculum Vitae/Resumes for key personnel
C. Copy of organizations Smoke-Free Policy, if available
D. Copy of organization's Board of Directors with race and ethnicity of Board Members indicated
E. Copy of 501c(3) (proof of non-profit status)

PROJECT BUDGET (YEAR 1)
12 MONTH PERIOD

Expense Category	Amount Requested
1. Personnel List Name, Title of Position(s), FTE & hourly wage	
2. Fringe Benefits List %	
3. Consultants List Name, Title of Position(s) & hourly wage	
4. Travel (local)*	
5. Travel (out-of-state)	
6. Printing/Copying	
7. Supplies	
8. Resource Materials	
9. Telephone	
10. Postage	
11. Other (describe)	
TOTAL:	

*Allowable reimbursement for in-state travel is .445/mile

Applicant must provide a verifiable match of at least 10%.

BUDGET NARRATIVE

Please provide a detailed description and justification of each cost associated with this project.

Include a description of the 10% verifiable matching contribution to be made by your agency.

SECTION 5 - EVALUATION AND SELECTION

The State will commission a Technical Review Sub-Committee, which will evaluate and score all technical and cost proposals, using the following criteria.

_____
0-15 points

Background: Offeror's Organization and Experience
Applicant has demonstrated experience working with community advocates on related issues, which will enable them to provide the services in the Scope of Work. Describe your organization, the racial/ethnic make-up of your Board of Directors, and where the program will be carried within the organizational structure of your agency.

_____
0-10 points

Goals and Objectives
List measurable goals and objectives of your proposal using the Scope of Work discussed in this documentation as a guide.

_____
0-30 points

Workplan/Approach/Project Work Plan/Time Line
Applicant has presented a plan of action, which is clear and detailed, and meets the needs of the target population. The applicant has clearly demonstrated when each task in the work plan will be carried out, and methods to be used to assure participation of all players. This section shall describe the offeror's understanding of the State's requirements, including the result(s) intended, and a work plan for accomplishing the results proposed. The workplan description shall include a detailed proposed project schedule (by task), a list of tasks, activities, and/or milestones that will be employed to administer the project.

_____
0-15 Points

Project Staffing
This section shall include identification of all staff proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each (as well as resumes or statements of prior experience and qualification). Include resumes in appendix.

_____
0-10 points

Evaluation
Outline a process and outcome evaluation plan and describe objectives that will be accomplished. Identify tools applicable to the project whenever possible.

_____
0-20 points

Budget/Cost Proposal
Applicant has submitted a budget and budget narrative, which reflect appropriate expenses to accomplish the scope of work.

ATTACHMENT

COVER PAGE

Please provide basic summary information about the proposal that the funding source can review quickly and use for identification.

NAME OF APPLICANT AGENCY_____

ADDRESS OF APPLICANT AGENCY_____

_____

PHONE NUMBER_____

FAX NUMBER_____

E-MAIL ADDRESS_____

F.E.I.N. NUMBER _____

PROJECT TITLE_____

AMOUNT REQUESTED_____

SUMMARY OF PROJECT: Briefly describe the project, in not more than two paragraphs, in the space below.